

(1) PLACE OF BIRTH

County of Anderson Co S.C.
 Township of Brushy Creek
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
62986

Registration District No. 3.02 Registered No. 63
 (For use of Local Registrar)

City of _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bessie Elizabeth Babb If child is not yet named, make supplemental report as directed

(3) ~~MALE~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH June 15 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Babb
 (9) PRESENT POSTOFFICE OF FATHER Easley R # 4
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29 (Years)
 (12) BIRTHPLACE Anderson Co S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Zelmer Martin
 (15) PRESENT POSTOFFICE OF MOTHER Easley R # 4
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Anderson Co S.C.
 (19) OCCUPATION House Keeping
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Mary Babb
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Easley R # 4

Given name added from a supplemental report

(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed June 10 1916 (28) W. J. Watson Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK. THERE IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2.
 STATE OF COLUMBIA.